



Wisconsin Department of Public Instruction
**AUDITOR AUTHORIZATION FOR THE
MILWAUKEE PARENTAL CHOICE PROGRAM**
PI-MPS-PCP-4 (Rev. 5-06)

INSTRUCTIONS: Return original with signatures to:
**DEPARTMENT OF PUBLIC INSTRUCTION
MILWAUKEE PARENTAL CHOICE PROGRAM
ATTN: DENNIS HANSON 5TH FLOOR
PO BOX 7841
MADISON, WI 53707-7841**

For questions, contact dennis.hanson@dpi.state.wi.us

PRINT EXCEPT for SIGNATURES

Wisconsin Administrative Code Chapter PI 35 requires that schools participating in the Milwaukee Parental Choice Program "MPCP" engage a certified public accountant "auditor" to provide reports to the Department of Public Instruction. This form is required for all schools before any information regarding the school and its pupils will be released by the Department of Public Instruction to a public accounting firm so engaged by the school. **This authorization expires December 14, 2007.**

I. SCHOOL INFORMATION

Name of School

School Street Address (**No PO Box**)

Milwaukee

WI

Zip

Name of School Administrator of Record

School Administrator Signature

Date Signed



Corporate name of school, name of incorporated organization or religious organization with IRS 501(c) (3) tax exempt status operating the school, or the names of all individual owners if not incorporated. *Provide attachment to show names and addresses of all owners if necessary.*

Street Address of Operating Organization or Owner (**No PO Box**)

City

State

Zip

II. AUDITOR AGREEMENT

The auditor, by providing an authorized signature below, agrees to comply with all requirements of Chapter PI 35 and acknowledges being aware that the Department of Public Instruction will rely on the auditor's work in making payments to the school. The auditor further acknowledges a duty not to provide individual pupil information to or discuss such information with anyone except school staff and the Department of Public Instruction.

Name of Certified Public Accounting Firm "Auditor"

CPA Credential Number

Telephone Area/No.

Accounting Firm Street Address (**No PO Box**)

City

State

Zip

Name of Individual at Firm Authorized to Accept Engagement

E-mail Address of Authorized Individual (**Required**)

Signature of Individual to Authorized Accept Engagement

Date Signed



III. SCHOOL INFORMATION RELEASE AUTHORIZATION

WE HEREBY CONFIRM that the above identified Certified Public Accounting Firm has been engaged to provide reports to the Wisconsin Department of Public Instruction as required by Chapter PI 35, Wisconsin Administrative Code. The Wisconsin Department of Public Instruction is hereby authorized to release information regarding the school and its pupils directly to the above named auditor. The management of the operating organization and the school recognize that no Milwaukee Parental Choice Program payments can be made to the school if the auditor is not eligible to practice public accounting in the State of Wisconsin at the time of report issuance, and that failure to provide required reports may result in termination from the Milwaukee Parental Choice Program.

**Signed Authorization to
Release Information**

Must be signed by of the head of the school's operating organization, if incorporated; or by the head of the school's governing body if the school is separately incorporated or is operated by a tax exempt religious organization. If not so operated, an individual with ownership interest in the school must sign as authorizing individual.

Name of Authorizing Individual

Telephone Area/No.

Signature of Authorizing Individual

Date Signed



Title: (*Identify as Board President, Chairman, Owner etc. – do not identify title as School Administrator*)